

Remote Support Services

Service Definition
A. Remote Support Services provide oversight and monitoring within the participant's home through an off-site electronic support system in order to reduce or replace the amount of staffing a participant needs, while ensuring the participant's health, safety, and welfare. B. The purpose of Remote Support Services is to support the participant to exercise greater independence over their lives. It is integrated into the participant's overall support system and reduces the amount of staff support a person uses in their home while ensuring health and welfare. C. Remote Support Service includes: 1. Installation, repair, and maintenance of an electronic support system to remotely monitor the participant in the participant's primary residence; 2. Provision of training and technical assistance in accessing, using, and operating the electronic support system for the participant and individuals supporting the participant; and 3. Provision of staff to: (i) monitor the participant via the electronic support system; and (ii) stand-by and intervene by notifying emergency personnel, including, but not limited to police, fire, and participant's direct support staff.
SERVICE REQUIREMENTS: A. Before a participant may request this service, the participant's team must conduct a preliminary assessment for appropriateness in ensuring the health and welfare of all individuals in the residence. The preliminary assessment includes consideration of the participant's goals, level of support needs, behavioral challenges, health risk, benefits, risk, and other residents in the home. The preliminary assessment must be documented in the participant's filePCP. B. Remote Support Services do not supplant supports for community integration and membership as identified in the Person-Centered Plan.

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C. Remote Support Services are only available for individuals aged 18 or older and must be authorized by the DDA.

D. Each individual residing in the residence, their legal guardians, and teams must

1. Be ~~be~~ made aware of both the benefits and risks of the Remote Support Service **and the options to have control over the equipment;**

2. Be advised of the ability to turn off the remote monitoring device/equipment, if they choose to do so unless otherwise required as noted in a Behavioral Support Plan or Nursing Care Plan; and

3. Informed consent must be obtained for all individuals in the residence.

E. This service must be designed and implemented to:

1. **Ensure** the need for independence and privacy of the ~~participants participant~~ who ~~receive receives~~ services in their own home.

2. Provide the participant with the options to have control over the equipment, including the ability to turn off the remote monitoring device/equipment, if they choose to do so unless otherwise required as noted in a Behavioral Support Plan or Nursing Care Plan.

F. Remote Support Services must be provided in real-time, by awake **and alert** staff at a monitoring base, who observe and provide prompts to the participant via an electronic support system that includes one or more of the following features:

1. Live two-way communication with the participant being monitored;

2. Motion sensing systems;

3. Radio frequency identification;

4. Web-based monitoring systems; and

5. Other devices approved by the DDA.

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G. Systems may include live feeds, sensors such as infrared, motion, doors, windows, stove, water, and pressure pads; cameras; help pendants; call buttons; and remote monitoring equipment.

H. Cameras and sensors are typically located in common areas. Other areas of the home will be considered based on assessed need; privacy and rights considerations; and informed consent. For example, a person living alone in their own home may choose to use a Remote Support Services method in other areas of their home to support their Person-Centered Plan outcomes.

I. Use of the system may be restricted to certain hours as indicated in the participant's **file PCP**.

J. To be reimbursed for operating an electronic support system, a provider must meet the following requirements:

1. The system to be installed must be preauthorized by the DDA.
2. Upon delivery to the participant (including installation) or maintenance performed, the electronic support system must be in good operating condition and **repaired** in accordance with applicable specifications.
3. The provider must develop, maintain, and enforce written policies, approved by the DDA, which address:
 - a. How the provider, and electronic support system used, will maintain the participant's privacy;
 - b. How the provider will ensure the electronic support system used meets applicable information security standards; and
 - c. How the provider will ensure its provision of Remote Support Services complies with applicable laws governing participants' right to privacy.
4. The electronic support system and on-site response system must be designed and implemented to ensure the health and welfare of the participant(s) and achieve this outcome in a cost neutral manner as compared to the cost of direct support services.

K. Time limited direct supports from the existing services are available during transition to remote monitoring.

L. Remote Support Services are not available to participants receiving support services in Community Living-Enhanced Supports or Shared Living services.

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M. Remote Support Services should be implemented in a cost neutral manner ~~with exception due to unique circumstances.~~

N. Remote Support Services does not include electronic audio-visual conferencing software applications reliant on the participant to maintain the connection.

O. Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

☒ Participant-directed as specified in Appendix E

☒ Provider managed

☒ Remote/via Telehealth

Specify whether the service may be provided by (check each that applies):

NONE CHECKED

☐ Legally Responsible Person

☐ Relative

☐ Legal Guardian

Provider Category(s)
(check one or both):

(Don't Check) Individual. List types:

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X Agency. List the types of agencies:
Remote Support Services Provider
Organized Health Care Delivery System Provider
Provider Type:
License (specify)
Certificate (specify)
Other Standard (specify)
Provider Type:
Remote Support Services Provider
License (specify)
Certificate (specify)

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Other Standard (specify)
Agencies must meet the following standards: 1. Complete the MDH DDA provider application and be approved certified based on compliance with meeting all of the following standards: A. Be properly organized as a Maryland business entity corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland; B. A minimum of 5 years of demonstrated experience and capacity providing quality remote supports similar services; C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations; D. Demonstrate the capability to provide or arrange for the provision of all services and supports by submitting, at a minimum, the following documents with the application: (1) A program service plan that details the agency's agencies service delivery model; (2) A business plan that clearly demonstrates the ability of the agency to provide remote monitoring services; (3) A written quality assurance plan to be approved by the DDA; (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records. E. Be in good standing with the Internal Revenue Service and State Department of Assessments and Taxation MDAT;

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F. Have Workers' Compensation Insurance;

G. Have Commercial General Liability Insurance;

H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-~~and per DDA policy~~;

I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;

J. ~~Satisfactorily complete~~**Complete** required orientation and training;

K. Comply with the DDA standards related to provider qualifications; and

L. Complete and sign any agreements required by ~~the~~ Maryland Department of Health (MDH) or DDA.

2. Assure that the system will be monitored by a staff person trained and oriented to the specific needs of each participant served as outlined in their ~~participant file~~**PCP**;

3. Have a signed Medicaid Provider Agreement;

4. Have documentation that all vehicles used in the provision of services have automobile insurance; and

5. Submit a provider renewal application at least 60 days before expiration of its existing approval~~as per DDA policy~~. **The renewal license is good for up to a 3 year period.**

~~The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as Council on Quality Leadership or Commission on Accreditation of Rehabilitation Facilities for similar services for individuals with developmental disabilities, and be in good standing with the Internal Revenue Service and State Department of Assessments and Taxation.~~

Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:

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1. Be at least 18 years old;
2. Assure that the stand-by intervention (float) staff meet required credentials, license, certification, and training;
3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
4. ~~Satisfactorily complete~~**Complete** necessary pre/in-service training based on the Person-Centered Plan;
5. ~~Satisfactorily complete~~**Complete** required orientation and training designated by the DDA.

Provider Type:

Organized Health Care Delivery System Provider

License (specify)

Certificate (specify)

Other Standard (specify)

Agencies must meet the following standards:

1. Be ~~approved certified or licensed~~ by the DDA to provide at least one Medicaid waiver service; and
2. Complete the DDA provider application to be an Organized Health Care Delivery System provider.
3. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.

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Organized Health Care Delivery System providers shall:

1. Verify the licenses, credentials, and experience of all professionals with whom they contract or ~~employ~~ employs and have a copy of the same available upon request.
2. Obtain Workers' Compensation if required by law.

Remote Support Services providers must:

1. Assure that the system will be monitored by a staff person trained and oriented to the specific needs of each participant served as outlined in their ~~file PCP~~; and
2. Have documentation that all vehicles used in the provision of services have automobile insurance.

Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or that spend any time alone with a participant must meet the following minimum standards:

1. Be at least 18 years old;
2. Assure that the stand-by intervention (float) staff meet required credentials, license, certification, and training;
3. Complete necessary pre/in-service training based on the Person-Centered Plan;
4. Complete required orientation and training designated by the DDA.

Verification of Provider Qualifications

Provider Type:

Remote Support Services Provider

Entity Responsible for Verification:

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1. MDH DDA for approval of certified provider. 2. Remote Support Service Provider for verification of staff qualifications. 3. Financial Management and Counseling Services providers, as described in Appendix E, for participants self-directing services.
Frequency of Verification
1. MDH DDA – Initially and at least every 3 years thereafter. 2. Remote Support Services Provider – Prior to service delivery and continuing thereafter. 3. Financial Management and Counseling Services – Prior to service delivery and continuing thereafter.
Provider Type:
Organized Health Care Delivery System Provider
Entity Responsible for Verification:
1. MDH DDA for approval of the Organized Health Care Delivery System. 2. Organized Health Care Delivery System provider for verification of Remote Support System requirements and qualifications. 3. Financial Management and Counseling Services providers, as described in Appendix E, for participants self-directing services.
Frequency of Verification
1. Initially and at least every 3 years. 2. Prior to service delivery and continuing thereafter. 3. Financial Management and Counseling Services – Prior to service delivery and continuing thereafter.